

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MTW	50	02-10-9
FORMALITY REVIEW	TB	Je 1108	09-25-11
RESPONSE FORMALITY REVIEW	RL	1070	12-31-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	7 19 20
2	03 03 03
3	✓ =
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7	✓
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11	✓
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22	✓ ✓
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25	✓ =
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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BEST AVAILABLE COPY

Je 1108

11083 U.S. PTO

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